

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/522313

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							
2	1						
3		1					
4		1					
5		1					
6		1					
7		1					
8	1						
9	1						
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48							
49							
50							
TOTAL IND.	8	↓	↓		↓	↓	
TOTAL DEP.	7	↔		↑		↔	
TOTAL CLAIMS	15	[REDACTED]		[REDACTED]		[REDACTED]	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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95							
96							
97							
98							
99							
100							
TOTAL IND.			↓		↓	↓	
TOTAL DEP.		↔		↑		↔	
TOTAL CLAIMS		[REDACTED]		[REDACTED]		[REDACTED]	